FORM TO BE USED BY PRISONERS IN FILING A COMPLAINT UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. §1983

IN THE UNITED STATES DISTRICT COURT FOR THE SOUTHERN DISTRICT OF MISSISSIPPI

1 111	COMPLAINT		
Smith .	N 0174		
	<u> </u>		
(Last Name)			
TOREY	COLTEX SOUTHERN DISTRICT OF MISSISSIPPI		
(First Name)	(Middle Name)		
71:015	LOVIDAY 501/ JUL 28 2014		
(Institution)	sh 2050-0- 14 Ch		
40 / FO	SP 1 90 Lago VIA ST. DEPUTY		
(Address)	ull name of the plaintiff, prisoner and address		
of plaintiff in this			
11100	V. CIVIL ACTION NUMBER: SI 4cv5 1/17W-(Ito be completed by the Court)		
<u> </u>	HULF TUIT OF		
RAndy	Crawford		
Mcgee	Poilce Dept		
Simpso (Enter the full nar	ne of the defendant(s) in this action)		
GENERAL INFORMATION			
A A + 41	he time of the incident complained of in this complaint, were you incarcerated?		
103	(X) No()		
B. Are	you presently incarcerated?		
	(X) No()		
,			
C. At the	he time of the incident complained of in this complaint, were you incarcerated because		
	had been convicted of a crime?		
Yes	() No (×)		
D. Are	you presently incarcerated for a parole or probation violation? (人) No() たいから たきしゅん つ		
Yes	$(A) \qquad \text{No}(\) f \in \text{No}(\) \text{Ne}(\) \text{Ne}($		
	1 C.1		
	the time of the incident complained of in this complaint, were you an inmate of the		
	sissippi Department of Corrections (MDOC)?		
Y es	$()$ No (\checkmark)		
F. Are	you currently an inmate of the Mississippi Department of Corrections (MDOC)?		
	you currently an inimate of the Mississippi Department of Corrections (************************************		
103			

	PARTIES —	
(In item I below, place your name address in the second blank.)	and prisoner number i	n the first blank and place your presen
I. Name of plaintiff: Tovey C	Cortez Smith	Prisoner Number: 169627
Address: 2/07 Fast Par		
sackson ms. 3,		
· ·	loyment in the third bla	he first blank, his official position in the ank. Use the space below item II for the anal defendants.)
II. Defendant: Allon Mart	is e	mployed as Station
I MURStier at	124 First St. 7	E mage foide Dell
	he name(s) and address	nd in the event of a change of address, the (es) of each defendant(s). Therefore, the
NAME: TONEY C. Smith	ADDRESS: 404 Fost f	V-SAJOULA STreel
DEFENDANT(S):		
NAME: Allen Maryin	ADDRESS:	N.E. MCGEE MS 39/1/8
KANdy CrAWford	124 First St.	McJee M.S. 39/1/
Magee foile fest	124 First n.	-Mc920 ms, 39/1/
Simpson County Shift	56/ 1221 First"	1.E. mujes ms =37///
		Cet A

OTHER LAWSUITS FILED BY PLAINTIFF

NOTICE AND WARNING

The plaintiff must fully complete the following questions. Failure to do so may result in your case being dismissed.

A.	Have y	ou ever filed any lawsuits in a court of the United States? Yes (No ()		
В.	If your answer to A is yes, complete the following information for each and every civil action and appeal filed by you. (If there is more than one action, complete the following information for the additional actions on the reverse of this page or additional sheets of paper.)			
CASE	NUMB 1.	ER 1. Parties to the action: Lt. Earnest SAXton 5 Boris Dixor		
	2.	Court (if federal court, name the district; if state court, name the county): Southern District.		
	3.	Docket Number: £ 3.11co25		
	4.	Name of judge to whom case was assigned: hinda Andrson		
	5.	Disposition (for example: was the case dismissed? If so, what grounds? Was it appealed? Is it still pending?)		
CASI	E NUME 1.	BER 2. Parties to the action:		
	2.	Court (if federal court, name the district; if state court, name the county):		
	3.	Docket Number:		
	4.	Name of judge to whom case was assigned:		
	5.	Disposition (for example: was the case dismissed? If so, what grounds? Was it appealed? Is it still pending?)		

STATEMENT OF CLAIM

on may	ш. ОТ-8	State here as briefly as possible the facts of your case. Describe how each defendant is involved. Also, include the names of other persons involved, dates and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of different claims, number and set forth each claim in a separate paragraph. (Use as much space as you need; attach extra sheet(s) if necessary). OUT THE SCHOOL TO THE SOLUTION A
N 1	: A301	1019 I WAS Brought to The moder Jail When I WAS Put In A WI Bring In Cuffs I Attemp To Call For The OFL. Sull: An Ment he some Buk with Ret Allen marks well pet mani-
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PADO me	2	- 10 Carrie ency with the street of the
Lea Put L	Dy.	MY Cloth'S In LING ME FINTO A OPEN AREA OF THE SILL IN HE WEST DET MARTINE TO THE A OPEN AREA OF THE SILL IN HE WEST AREA OF MY NOTE IN THE ME PORTO THE ALONG IN SHIPPELL
אופנון פארון	'S hai '—	My Cloth's In LING me Into A open AREA of The July In He RIS Around my nows In Threw me onto The floor In SHAPEN St Sight In Breath HO RAP put In when I was Able to July Frontes on The door Alken for medical Attain The fin
MIL	I he	St Sight In Breath HO RAD put In when I was Able to gas
Whon u	נחלחם	wo white maje Stated To me He doesn't work The Teil 40
		RELIEF
/ ·	IV.	State what relief you seek from the court. Make no legal arguments. Cite no cases or
Thot. All	^ව ට M	statutes. Partia Be Dot Able to Work AS A haw Enfromm of In
1 E. Mcy	927 J	Poide Debt BP 1:610 of Agy mental Health charges of M?
Pe Jem dellars	10+3/4	Signed this 11 day of July , 20 17
		Signed this ℓ day of $\Im \omega / \psi$, $20 \Im \omega$.
	and co	I declare (or certify, verify or state) under penalty of perjury that the foregoing is true orrect.
		Signature of plaintiff

Page 4 of 4

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Juckson ms. 3920

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Clerk us District Court Sol E. Court St. suite 2,500 Jackson, ms. 39201

PRESORTED HRST CLASS



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